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| <u>Application Data Sheet</u> Application Information | |
| Application type:: | Regular |
| Subject matter:: | New Utility Model |
| CD-ROM or CD-R:: | None |
| Number of CD disks:: | None |
| Number of copies of CDs:: | None |
| Sequence submission: | No |
| Computer readable form (CRF):: | No |
| Number of copies of CRF:: | None |
| Title:: | SYSTEM FOR ELECTRIC GENERATING USING ACCUMULATION PRESSURE |
| Attorney docket number: | YEHM3009 /Em |
| Request for early publication:: | No |
| Request for non-publication: | No |
| Suggested drawing figure:: | Fig. 2 |
| Total drawing sheets:: | 5 |
| Small entity: | Yes |

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| Applicant Information | |
| Applicant authority type:: | Inventor |
| Primary citizenship country:: | Taiwan, R.O.C. |
| Status: | Full capacity |
| Given name:: | Ming-Shyuan |
| Middle name:: | |

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|--|---|
| Family name:: | YEH |
| Name suffix: | None |
| City of Residence: | Taipei Hsien |
| State or province of residence:: | |
| Country of residence: | Taiwan,R.O.C. |
| Street of mailing address: | 1F., No.37, Darong St., Sanchong City, Taipei County 241, Taiwan R.O.C. |
| City of mailing address: | Taipei Hsien |
| State or province of mailing address: | N/a |
| Country of mailing address: | Taiwan,R.O.C. |
| Postal or zip code of mailing address: | |

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|----------------------------------|--|
| Correspondence Information | |
| Correspondence customer number: | 23364 |
| Phone number: | 703-683-0500 |
| Fax number: | 703-683-1080 |
| E-mail address: | mail@baconthomas.com |
| Representative Information | |
| Representative customer number:: | 23364 |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date |
|------------------|--------------------|----------------------|--------------------|
| This application | Non-provisional of | | |
| This application | National stage of | | |
| This application | Continuation of | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | No |
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| Assignee Information | |
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| Assignee name:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or providence of mailing address:: | |
| Country of mailing address:: | |
| Postal or zip code of mailing address:: | |